

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024329

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

FILED JUL 3 1962

Primary Registration District No.

3059

Registrar's No.

278

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

b941

28120

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Bonne Terre		c. CITY OR TOWN Chicago	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		d. STREET ADDRESS 2152 W. Roosevelt	
3. NAME OF DECEASED (Type or print) First Raul Middle Humberto Last Galvan		4. DATE OF DEATH Month July Day 1 Year 1962	
5. SEX Male	6. COLOR OR RACE Mexican	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/7/1929
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		11. BIRTHPLACE (City and state or country) Omaha, Nebraska	
13a. FATHER'S NAME Jesus Galvan		14. NAME OF HUSBAND OR WIFE Amelia Galvan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. INFORMANT Address Marie Galvan Chicago, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEVERE HEAD INJURIES			INTERVAL BETWEEN ONSET AND DEATH 4 1/2 HRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto Accident	
20c. TIME OF INJURY Hour 1:35 a.m. pm Month, Day, Year July 1, 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #67		20f. CITY, TOWN, OR LOCATION 06 mi. N. Hwy 67 St Francois MO.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 6:00 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ted Bayer, coroner		22b. ADDRESS Bonne Terre Mo	
22c. DATE SIGNED 7-1-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/1/62	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Chicago Illinois
24. FUNERAL DIRECTOR ADDRESS Cordero Funeral Home Chicago, Illinois		25. DATE RECD. BY LOCAL REG. July 1, 1962	26. REGISTRAR'S SIGNATURE Ethel Redloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 6 1962
JUL 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul K. Dargatzis

Licensed Embalmer No. 4120

P. O. Address Farmington, Conn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.